

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

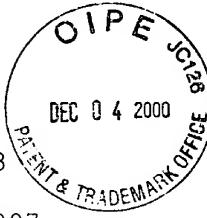
In re Application of

Garrison et al.

Serial No.: 08/994,363

Filed: December 19, 1997

For: AN ELECTRONIC BILL PAYMENT SYSTEM WITH ACCOUNT RANGING



: Art Unit: 2764
: Examiner: W. Jordan

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Honorable Assistant Commissioner
for Patents
Washington, DC 20231

I hereby certify that this paper or fee is
being deposited with the U.S. Postal Service
as First Class Mail addressed to Assistant
Commissioner for Patents, Washington, D.C.
20231
on 11/29/2000
Signature: Lisa Dauph

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

Also attached:

fee has been calculated as shown below:

	NO. OF CLAIMS	HIGHEST PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	FEE
Total Claims			0	x \$18 =	\$0
Independent Claims			0	x \$80 =	\$0
Petition for Extension of Time for---- month, \$---0.00					\$0
TOTAL FEE DUE					\$0

[] A check in the amount of \$ _____ is attached

[X] Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment, to Deposit Account No. 12-0429, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

LALOS & KEEGAN



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Date: November 29, 2000

11/8
CL
12/15/00

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AMENDMENT

Honorable Assistant Commissioner
for Patents
Washington, DC 20231

I hereby certify that this paper or
fee is being deposited with the U.S.
Postal Service as First Class Mail
addressed to the Assistant
Commissioner for Patents, Washington,
D.C. 20231
on Nov. 29, 2000
Signature

Sir:

This Amendment is filed in response to the Official Action
dated August 29, 2000, the time for response to which is up to
and including November 29, 2000. Please amend the above-
referenced application as follows:

IN THE TITLE

Please amend the title to read --ELECTRONIC BILL PAYMENT
USING ACCOUNT RANGING TO DETERMINE THE APPROPRIATE ONE OF
MULTIPLE PAYMENT REMITTANCE CENTERS OF A SINGLE PAYEE--.